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STATEMENT OF **ORGANIZATION**

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2019 APR -8 AM 8:53 FORM 1 FE Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Barr Congress Inc. PO Box 675217 ADDRESS (number and street) (Check if address is changed) 30006 Marietta CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) paul@pdscompliance.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.barrcongress.com (Check if address is changed) 2. DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT **OR** NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Craig Dowdy Type or Print Name of Treasurer Craig Doy Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

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